

February 18, 2010

Los Angeles County **Board of Supervisors**

TO:

Each Supervisor

Gloria Molina

FROM: First District

Mitchell H. Katz, M.D. Muluy

Mark Ridley-Thomas Second District

Zev Yaroslavsky

Third District Don Knabe

Fourth District

Michael D. Antonovich Fifth District SUBJECT:

STATUS REPORT ON KEY INDICATORS OF PROGRESS. HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER - PROGRESS REPORT #50 (Agenda Item #S-2,

February 22, 2011)

Mitchell H. Katz, M.D. Director

John F. Schunhoff, Ph.D. Chief Deputy Director

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the month of January 2011.

Census Trending (ADC includes Psychiatric & Newborn Patients)

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

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The Average Daily Census (ADC) for the month of January was 593 out of 671 licensed beds, an estimated 86% utilization rate (88% occupancy). The census for Medical/Surgical units was an estimated 98% utilization rate (100% occupancy) for January 2011.

www.dhs.lacounty.gov

Emergency Department (ED) Indicators

To ensure access to high-quality. patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

Attachment #1 demonstrates increases in key indicators such as the ED Boarding Time, ED Wait Time, Left Without Being Seen, Average Length of Stay (ALOS) and the Crowding Level Comparison. Some of the factors contributing to this trend include: increase in the volume of lower level of care patients waiting for placement, seasonal increase in volume of pediatric patients and ED visits due to flu.

A multidisciplinary team composed of social work, utilization review, nursing, medical staff, risk management and administration are working collaboratively to move patients to lower levels of care where appropriate to improve acute care bed capacity.

If you have any questions or need additional information please contact me or Pete Delgado, LAC+USC Chief Executive Officer at (323) 409-2800.

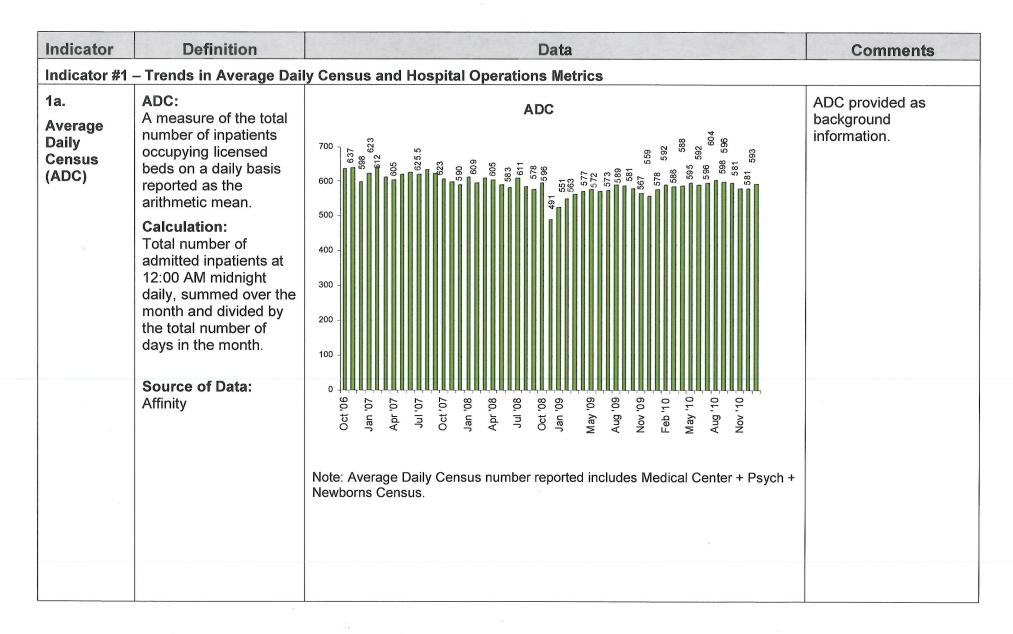
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Attachments

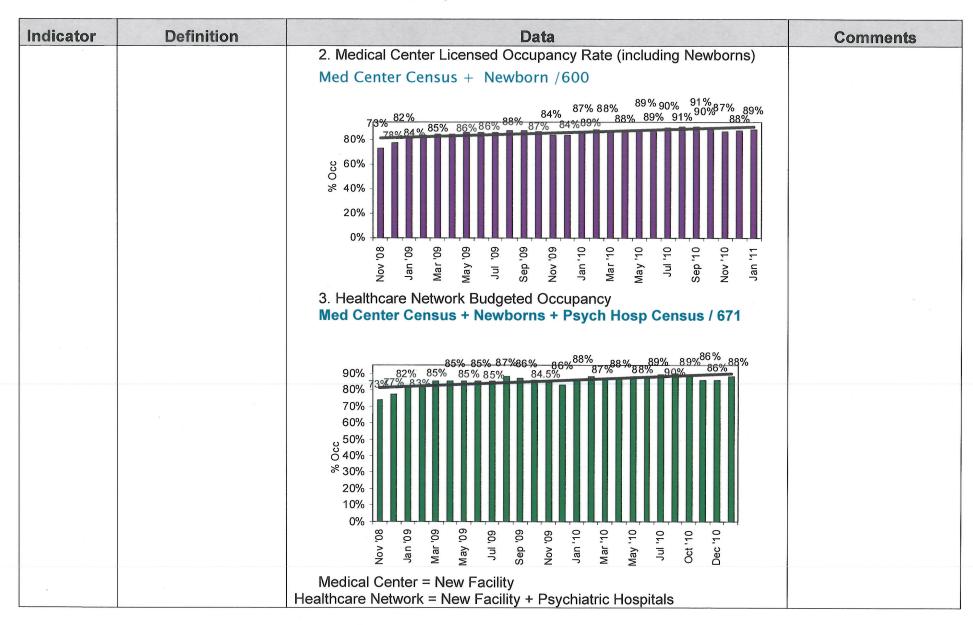
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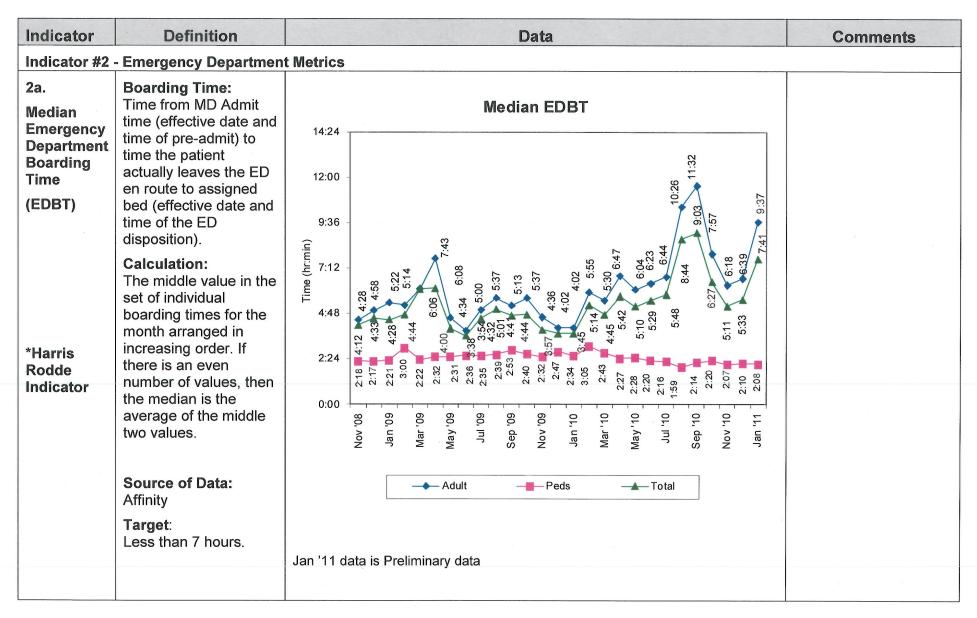
Chief Executive Office County Counsel Executive Office, Board of Supervisors





Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dail	y Census and Hospital Operations Metrics	
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600 8340% 85% 88% 83% 86% 86% 86% 89% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 88% 90% 90% 89% 87% 90% 90% 90% 90% 90% 90% 90% 90% 90% 90	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.
	labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds. Source of Data: Affinity Target: 95%		





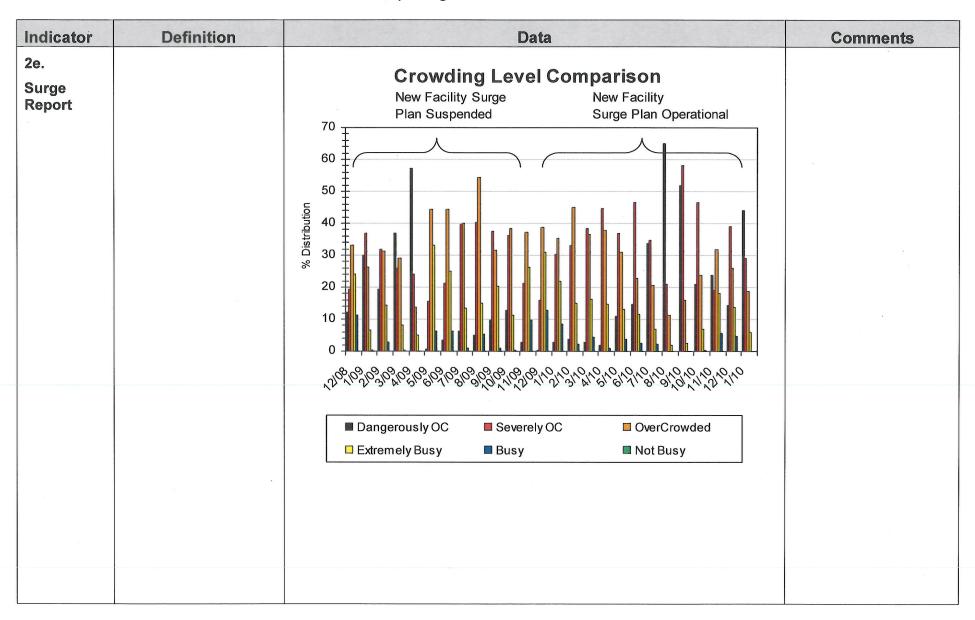
Indicator	Definition	Data	Comments
indicator	Demindon	Time (hrs.min) 6.27 6.27 6.28 6.28 6.28 6.29 6.29 6.29 6.29 6.30	Comments
		Jan '11 data is Preliminary data	
	•		

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values. Source of Data: Affinity	Average ED Wait Time 14:24 12:20 13:00 12:38 12:36 12:23 11:42 10:34 10:34 10:34 10:35 10:34 10:35 10:34 10:36 10:36 10:48 9:29 9:44 9:48:58 (1:141:1) 9:36 8:47 08:53 10:019:58 9:31 9:30 9:31 9:30 8:19 8:36 8:45 8:47 08:53 10:019:58 10:18 10:19 9:31 9:31 9:30 8:19 8:36 8:45 8:47 08:53 10:019:58 10:18 10:19 9:31 9:31 9:31 9:31 9:31 9:31 9:32 3:57 4:40 3:54 3:56 Adult Peds Total	
	Target: No target value. Lower numbers are better.	Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients Total ED Wait time: *Excludes Psych, Observation Unit, and Jail Jan '11 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	Left Without Being Seen 2500 2000 2000 406 18% 16% 14% 12%	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. Source of Data:	# 1000 # 1000 # 1000 # 1000	
	Affinity Target: No target value. Lower numbers are better.	Jan '11 data is Preliminary data	

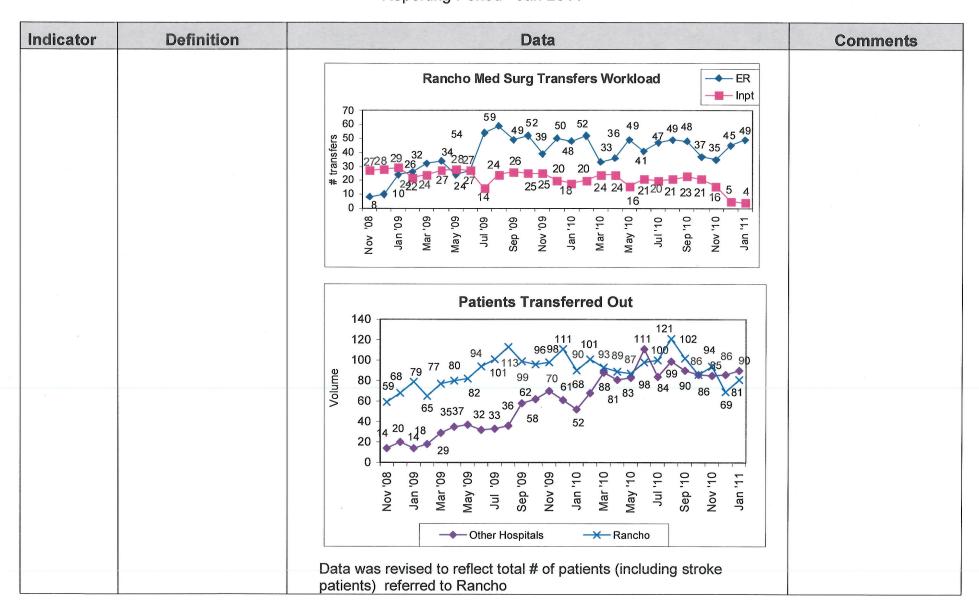
LAC+USC Medical Center Operational Monitoring Report Reporting Period –Jan 2011

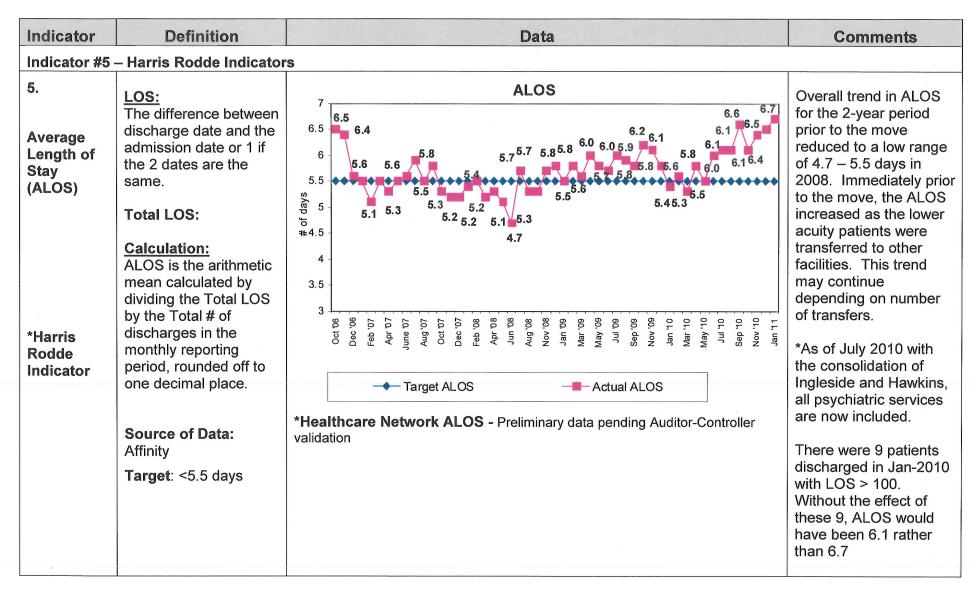
2d. ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. Calculation: The total number of hours of ED diversion The total number of hours of ED diversion The total number of hours of ED diversion A percentage measure of ALS Units due to ED Saturation Diversion of ALS Units due to ED Saturation Diversion of ALS Units due to ED Saturation This is slightly lower than the before mo diversion history will generally ranged between 50-60%. Key points: Diversion is for paramedic runs on Basic Life Support ambulances still arm ambulances.
A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. Diversion of ALS Units due to ED Saturation Diversion of ALS Units due to ED Saturation Solution of ALS Units due to ED Saturation Diversion of ALS Units due to ED Saturation Solution of ALS Units due to ED Saturation This is slightly lower than the before mo diversion history what generally ranged between 50-60%. Key points: Diversion is for
Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet Calculation: As Source of Data: ReddiNet Calculation: As Source of Data: Calculation: Ca



Indicator	Definition		Data			Comments
Indicator #3	- Trends for Patient Dive	ersions and Transfers & #4	4 – Transfers	to Rancho Los	Amigos Metı	rics
3. & 4. Rancho	Transfers: The volume of patients transferred to RLAH for	Month of Jan '11 Referrals from ER:				
Los Amigos	acute hospitalization from the Emergency		Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	Department and from	# Met transfer criteria	51	NA	_	
Transfers	Inpatient Units.	# Referred to RLAH	49	22	71	
	Data Carrea	# Transfers	49	22	71	
(6)	Data Source: Manual record keeping.	# Denied	0	NA	-	
	. •	# Cancelled	2*	NA		
	Cancelled category	# Patients refused*	0	NA	-	
	includes patients whose condition changed leading to higher level of care or	Referrals from Inpatients	s: Med/Surg	Acute Stroke	Total	
	discharge home.	# Met transfer criteria	13	NA	_	
		# Referred to RLAH	11	6	17	
		# Transfers	4	6	10	
	, "	# Denied	7	NA	-	
		# Cancelled	2*	NA	-	
		# Patients refused*	0	NA	-	
		Other /Pending		NA		

LAC+USC Medical Center Operational Monitoring Report Reporting Period –Jan 2011





Indicator	Definition			Data			Comments
Indicator #6 – I	Pediatric Metrics						
6. Pediatric Bed	admitted pediatric	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
Census and		Nov-08	56%	54%	50%	33%	
Occupancy	inpatients at 12:00 AM midnight of a	Dec-08	52%	60%	60%	40%	
(%)	designated pediatric	Jan-09	52%	68%	70%	75%	
	ward.	Feb-09	50%	80%	80%	85%	
5 11 (1 161)		Mar-09	57%	72%	70%	80%	
Pediatric ICU	Occupancy:	Apr-09	57%	60%	60%	75%	
(PICU)	The total number of	Jun-09	60%	64%	60%	75%	
Neonatal ICU	admitted pediatric	Jul-09 Aug-09	57% 55%	72% 64%	60% 60%	80% 80%	
(NICU)	inpatients divided by	Sep-09	55%	68%	70%	80%	
•	the total number of	Oct-09	45%	60%	60%	80%	
Pediatric Unit	licensed beds on that	Nov-09	35%	64%	70%	70%	
Adolescent	unit and reported as	Dec-09	40%	64%	70%	65%	
Unit	percentage.	Jan -10	60%	68%	70%	70%	
		Feb -10	65%	84%	80%	80%	
		Mar -10	65%	68%	60%	75%	
	Source of Data:	Apr-10	60%	64%	60%	80%	
	Affinity	May -10	67.5%	68%	80%	80%	
		Jun -10	65%	64%	70%	80%	
		Jul -10	60%	68%.	80%	85%	
		Aug -10	62%	68%	60%	85%	
		Sep -10	72.5%	60%	60%	80%	
		Oct -10	60%	60%	60%	75%	
		Nov-10	67.5%	48%	50%	70%	
		Dec -10	62%	60%	50%	65%	
		Jan -11	55%	60%	70%	70%	